

2009 AUG -4 AM 11:26

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

RHODE ISLAND STATE RIGHT TO LIFE COMMITTEE IN  
C

ADDRESS (number and street) 266 SMITH STREET

X (Check if address is changed) P.O. Box 28285

PROVIDENCE RI 02908-0285

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

X (Check if address is changed) bebracy@rirl.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.rirl.org

2. DATE 07/21/2009

3. FEC IDENTIFICATION NUMBER C00426528

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PAUL J MALONEY

Signature of Treasurer Date 07/21/2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

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